

Pathlore Crystal Report Request Form

Requested By: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Fax #: \_\_\_\_\_

Date Needed (Allow a minimum of 5 working days to process requests): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Report Information  
Needed:

Cabinet (Required Field) \_\_\_\_\_

Cabinet # (Required Field) \_\_\_\_\_

Department # (Only required if you want department specific information) \_\_\_\_\_

Division # (Only Required if you want division specific information) \_\_\_\_\_

Time frame you would like report to include: \_\_\_\_\_

Description of Information Needed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mark the appropriate boxes to indicate which fields you need to have shown on the report

☐ SSN ☐ Last Name ☐ First Name ☐ Course Code ☐ Class Name ☐ Start Date ☐ Event Status ☐ Event Grade

☐ Other (Please Explain) \_\_\_\_\_

Please indicate how you would like your report returned:

☐ Email ☐ PDF

☐ Fax ☐ Excel

Send Completed Form to Jamille Smith at [jamille.smith@ky.gov](mailto:jamille.smith@ky.gov) or Fax to (502) 564-8056